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ABSTRACT

Rape is a significant trauma that causes the victim immediate as well as long-term difficulties. A cross-section of rape survivors and matched controls completed questionnaires about current somatic, psychological, and social difficulties. The time since assault for the rape group varied from 6 months to 8 years. Factor analysis yielded eight factors of note, with significant differences between victims and controls on six of the eight factors. Affective anxiety accounted for nearly 20% of the variance and included tiredness, sexuality problems, depression, and guilt. The differences between the groups remained constant across the time span from 6 months to 99 months past the assault. These findings suggest that rape may create a vulnerabiltiy in victims which makes them respond to normal stress with heightened psychological, somatic, and social problems. Counseling may need to refocus on long-term difficulties. (Author/JAC)

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Beyond Crisis Counseling: After-Effects of Sexual Assault

by

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Beyond Crisis Counseling: After-Effects of Sexual Assault

Rape is a significant trauma that causes the victim immediate and long-term difficulties. The immediate problems have been well documented (Bard, 1976; Burgess and Holmstrom, 1974a; MacDonald, 1971; Peters, 1976; Price, 1975; Sutherland and Scherl, 1970). A few studies have compared the adjustment of rape victims with non-rape control subjects, but these studies cover only the first few months post assault, up to a year post assault (Kilpatrick, 1979; Kilpatrick, et al., 1979; Feldman-Summers, Gordon, and Meagher, 1979). The present study, using a cross section of rape survivors and matched controls, extends these findings across a time period that exceeds eight years post assault. It documents small but consistent and significant long-term differences between rape survivors and women who have never experienced sexual assault.

Method

There were 148 female participants in this study, equally divided between a rape survivors group composed of women who had been sexual assault victims and a control group composed of women who had never been sexually assaulted or molested.

The rape survivors were sought in several ways. Seventy one percent were initially contacted by rape crisis centers where they had received services, 14% came from women's organizations and public rape lecture

audiences, 6% responded to newspaper stories or ads, and 9% responded to posters, referrals and personal appeals. No rape survivor was asked to participate in the study unless at least 6 months had passed since the assault. Table 1 shows the distribution of subjects by the amount of time since assault.

Insert Table 1 here.

The control group, matched on age, education, race, marital and work status were selected from members of women's groups, college classrooms, and various business concerns. There were no significant differences between the two groups of participants on any of the matching variables.

Each particpant was asked to indicate the number of days in the most recent month that she had experienced a wide variety of psychological, somatic, sexual, and social relationship difficulties.

The responses to these questions were submitted to a factor analysis. Following an initial principle components solution, the eigenvalues were plotted for the factors that emerged from the combined group factor analysis. It was decided to retain eight factors which accounted for 52% of the total variance. The eight factors were rotated to simple structure using the varimax procedure. The items with loadings of $\pm$ .30 or higher on each factor are presented in the attached appendix.

Factor scores were computed for every subject as estimates of individual measures on each factor. Multiple regression techniques were then used to study differences between the rape survivor and control groups. Group membership, and the interaction between time and group membership were used as predictors of the individual factor scores.

Along the continuum of time, rape survivors showed consistently higher symptomatology on several factors: Factor 1, Affective Anxiety ($F(1,144) = 6.72$, $p < .05$); Factor 2, Safety Concerns ($F(1,144) = 35.81$, $p < .000$); Factor 4, Symptom/Relationship Interaction ($F(1,144) = 35.57$, $p < .001$), Factor 5, Behavioral Anxiety Response ($F(1,144) = 16.05$, $p < .001$). There was a significant group difference on Factor 7, Somatization ($F(1,144) = 5.01$, $p < .05$); however, on this factor, the control subjects reported higher symptom scores.

Because of these group differences, separate regression equations were computed for each group (Kerlinger and Pedhazur, 1973). The regression coefficients and F values appear in Table 2.

Insert Table 2 about here.

There was also significant interaction between time and group on Factor 3, Sleep Disturbances ($F(1,143) = 4.179$, $p < .05$), which accounted for only a small proportion of the variance ($R = .04$). In general the rape survivors reported higher symptoms on this factor. The Johnson-Neyman technique (1936) was used to establish the regions of significance

and yielded a non-significant region between 10.19 months and 72.57 months. Thus, the difference between the groups indicates a generally higher level of symptoms reported by the rape survivors than by the control subjects. This level is significantly higher ($p < .05$) for the period of time from six months to about 11 months post-assault. Rape survivors who had been assaulted more than 72 months previous to filling out the questionnaire reported significantly lower sleep disturbance symptoms than did their controls.

Discussion

Group differences emerged on six of the eight factors delineated in this study. Those factors where the rape group had significantly higher symptoms are described below.

The first of these factors, Affective Anxiety accounts for 18.8% of the variance and contains complaints such as tiredness, backaches, and sexual problems, and affective components such as anxiety, feelings of self worthlessness, depression, and guilt.

Factor 2, accounting for 6.7% of the variance, represents Safety Concerns. Items with moderate loadings include high levels of nervousness, and thoughts or dreams about sexual assault, and lack of feelings of safety in a variety of situations.

The third factor, Sleep Disturbances, accounts for 5.2% of the variance and is defined by symptoms such as insomnia, tiredness, and nightmares.

The items loading on the fourth factor, Symptoms/Relationship Interaction include a few sleeping problems, depression, poor perceptions of relationships with husband/lover/boyfriend, with children, with men and with women.

Factor 5 is labeled Behavioral Anxiety. It contains the behavioral components of anxiety, as opposed to the affective components seen in the first factor. This factor accounts for 4.5% of the variance. Increased use of cigarettes and of street drugs, greater safety precautions (e.g., new locks, unlisted phone number), crying, nightmares, guild, and negative perceptions of relationships with men and with husband/lover/boyfriend are found on this factor.

On Factor 7, Somatization, the control group scored significantly higher than the rape group. However, this appears to be a statistical artifact caused by one negatively loaded item where the rape subjects were three times higher in their reports of one item, "nervousness at night." This negative loading seems to have artificially deflated the values for the other items on this factor.

The differences between the groups on the factors described above remain constant across a time span from six months to ninety nine months post assault. This suggests that the experience of rape may create a vulnerability in victims which makes them more likely to respond to normal daily stresses with heightened psychological, somatic and social problems than do women who have never been sexually assaulted.

The present concept of a crisis intervention model of counseling for rape victims needs to be reexamined in light of these long term difficulties. There may be a need to refocus this counseling in an effort to alleviate the long term difficulties that are experienced after most crisis counseling has been terminated.

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Table 1

Distribution of Subjects by Amount of Time Elapsed

Between Assault and Participation in Research

Time since assault	*N of subjects	% of subjects
6 to 9 months	12	16.2
9 to 12 months	10	13.6
12 to 15 months	9	12.1
15 to 21 months	5	6.8
21 to 27 months	11	14.9
27 to 33 months	7	9.4
33 to 39 months	7	9.4
39 to 51 months	6	8.1
51 months and above	7	9.4
TOTAL	74	99.9

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* Although months since assault are presented in a combined form on this table, the analyses which use time since assault as a variable use the actual number of months rather than a combined form.

Table 2

Multiple Regression Coefficients for Combined Groups

Factor	Group	Regression Coefficient (time)	Intercep^	F Value
1	Rape	.0022	.1112	6.716*
	Control	.0059	-.3209	
2	Rape	-.0056	.6120	35.807***
	Control	-.0059	-.2787	
3	Rape	-.0093	.3118	< 1
	Control	.0046	-.1881	
4	Rape	-.0054	.4654	35.57***
	Control	-.0020	-.2577	
5	Rape	.0068	.0719	16.05***
	Control	.0079	-.5182	
6	Rape	.0004	-.0912	1.04
	Control	-.0057	.2406	
7	Rape	.0038	-.2797	5.006*
	Control	.0055	.0363	
8	Rape	-.0034	.1528	< 1
	Control	.0020	-.1247	

* $p <= .05$
*** $p < = .001$

APPENDIX

Factor 1, Affective Anxiety Response

Combined Control and Rape Survivor Groups

Symptom	r
Anxiety	.70
Feelings of self worthlessness	.69
Depression	.66
Indecisiveness	.64
Feelings of guilt	.56
Nervousness in the daytime	.55
Fear or thoughts of death	.53
Jumpiness	.52
Feeling angry at men	.51
Nervousness at night	.47
Thoughts of assault	.44
Tiredness	.43
Backaches	.41
Sexual problems	.38
Crying	.38
Behaving in angry ways	.37

Factor 2, Safety Concerns

Combined Control and Rape Survivor Group

Symptom	r
Thoughts about assault	.58
Nervousness at night	.49
Nervousness in daytime	.43
Jumpiness	.35
Dreams about rape	.31
Changes in relationships/ feelings about men*	-.37
Feelings of safety at home alone, daytime*	-.67
Feelings of safety at home*	-.72
Feelings of safety going out alone at night*	-.75

Factor 3, Sleep Problems

Combined Control and Rape Survivor Group

Symptom	r
Waking during night	.72
Difficulty falling asleep	.71
Sleeping fewer hours than usual	.64
Nightmares	.60
Violent dreams	.51
Tiredness	.43
Dreams about rape	.41
Nerveousness at night	.40

Factor 4, Symptoms/ Relationship Interaction

Combined Control and Rape Survivor Group

Symptom	r
Sleeping more than usual	.60
Intake of food since assault	.49
Violent dreams	.38
Depression	.31
Difficulty falling asleep	.31
Changes in feelings/ relationships with women*	-.39
Changes in feelings/ relationships with men*	-.40
Changes in feelings/ relationships with children*	-.41
Changes in feelings/ relationships with husband/ boyfriend/ lover*	-.47

Factor 5, Behavioral Anxiety Response

Combined Control and Rape Survivor Group

Symptom	r
Changes in use of cigarettes	.75
Safety measures taken	.59
Concerns about reproductive organs	.43
Nightmares	.34
Feelings of guilt	.34
Crying	.34
Changes in use of street drugs	.32
Changes in feelings/ relationships about men*	-.37
Changes in feelings/ relationships about husband/ boyfriend/ lover*	-.50

Factor 6, Agression Potential

Combined Control and Rape Survivor Groups

Symptom	r
Thoughts of suicide	.88
Suicide attempts	.85
Fear/ thoughts about death	.51
Behaving in an angry way	.36
Feeling angry at men	.34

Factor 7, Somatization

Combined Control and Rape Survivor Groups

Symptom	r
Sexual problems	.55
Dreams about rape	.47
Concerns about reproductive organs	.45
Headaches	.43
Bowel movement irregularities	.34
Indecisiveness	.33
Behaving in an angry way	.33
Violent dreams	.33
Nighmares	.31
Nerveousness at night	-.32
Changes in relationships/ feelings about women*	-.34

Factor 8, Substance Abuse

Combined Control and Rape Survivor Groups

Symptom	r
Days of alcohol use	.59
Changes in alcohol use	.55
Changes in use of prescription drugs	.38
Bowel movement irregularities	.30
New fears	-.44
Other sleeping problems	-.50

* Values for this item were scored in reverse order to the majority of items on the quesionnaire. Low scores indicate high symptomatology.